

Form	1040	Department of the Treasury—Internal Revenue Service (99)	2017	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																																																																																										
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20																																																																																															
Your first name and initial <b>NELSON</b>		Last name <b>Richard</b>		See separate instructions.																																																																																											
If a joint return, spouse's first name and initial		Last name		Your social security number <div style="border: 2px solid red; height: 20px; width: 100%;"></div>																																																																																											
Home address (number and street). If you have a P.O. box, see instructions. <b>14907 CRODDELL Circle</b>		Apt. no.		▲ Make sure the SSN(s) above and on line 6c are correct.																																																																																											
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Channahon, IL 61530</b>		Foreign country name		Foreign province/state/county																																																																																											
Foreign postal code		Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																																											
<b>Filing Status</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1 <input type="checkbox"/> Single</p> <p>2 <input type="checkbox"/> Married filing jointly (even if only one had income)</p> <p>3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶</p> </div> <div style="width: 45%;"> <p>4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶</p> <p>5 <input type="checkbox"/> Qualifying widow(er) (see instructions)</p> </div> </div>																																																																																															
<b>Exemptions</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .</p> <p>b <input type="checkbox"/> Spouse . . . . .</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>(1) First name</td> <td>Last name</td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>d Total number of exemptions claimed . . . . .</p> </div> <div style="width: 25%;"> <p><b>Boxes checked on 6a and 6b</b></p> <p><b>No. of children on 6c who:</b></p> <p>• lived with you</p> <p>• did not live with you due to divorce or separation (see instructions)</p> <p>Dependents on 6c not entered above</p> <p>Add numbers on lines above ▶ <span style="border: 1px solid black; padding: 2px 10px;">  </span></p> </div> </div>						c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name			<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>																																																																	
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**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions.

**Amount You Owe****Third Party Designee****Sign Here**

Joint return? See instructions. Keep a copy for your records.

**Paid Preparer Use Only**

38	Amount from line 37 (adjusted gross income)	38	
39a	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
40	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	40	
41	Subtract line 40 from line 38	41	
42	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	
43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
44	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	44	
45	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your <b>total credits</b>	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
62	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your <b>total tax</b>	63	
64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	<b>Earned income credit (EIC)</b>	66a	
b	Nontaxable combat pay election <b>66b</b>		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	74	
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	
76a	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
77	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	77	
78	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☐ **No**

Designee's name  Phone no.  Personal identification number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature *Nelson Richard* Date  Your occupation *RETIRED* Daytime phone number *281-452-1343*

Spouse's signature. If a joint return, **both** must sign. Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed PTIN

Firm's name  Firm's EIN

Firm's address  Phone no.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2018** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial NELSON Last name Richard Your social security number

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial Last name Spouse's social security number

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Full-year health care coverage or exempt (see inst.)  
☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 14907 CROMWELL CIRCLE Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. CHANNELVIEW 77530 If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

# Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <u>Nelson Richard</u>	Date	Your occupation <u>Retired</u>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>

# Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Phone no.			
Firm's address ▶				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2018)

Attach Form(s)  
W-2. Also attach  
Form(s) W-2G and  
1099-R if tax was  
withheld.

**Standard  
Deduction for—**  
• Single or married  
filing separately,  
\$12,000  
• Married filing  
jointly or Qualifying  
widow(er),  
\$24,000  
• Head of  
household,  
\$18,000  
• If you checked  
any box under  
Standard  
deduction,  
see instructions.

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	
<b>2a</b>	Tax-exempt interest	<b>2a</b>	
<b>3a</b>	Qualified dividends	<b>3a</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b>	
<b>5a</b>	Social security benefits	<b>5a</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	<b>7</b>	
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	
<b>11</b>	<b>a</b> Tax (see inst.) (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch. 8812 <b>c</b> Form 8863	<b>18</b>	
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	Routing number <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>24</b>	Account number	<b>24</b>	
<b>25</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>25</b>	
<b>26</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions	<b>26</b>	
<b>27</b>	Estimated tax penalty (see instructions)	<b>27</b>	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2018)

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

**Filing Status** ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>NELSON RICHARD</b>		Last name <b>RICHARD</b>	Your social security number <div style="border: 2px solid red; height: 20px; width: 100%;"></div>
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>14907 CROWDELL CIRCLE</b>			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>CHANNELVIEW 77530</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	<b>7</b>
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Social security benefits	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	
7a	Other income from Schedule 1, line 9	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>	7b	
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>	8b	
9	<b>Standard deduction or itemized deductions</b> (from Schedule A)	9	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0-	11b	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2019)



<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . .	<b>12b</b>	
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . .	<b>13b</b>	
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .	<b>16</b>	
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>	
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . .	<b>19</b>	
<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	<b>21a</b>	
<b>b</b>	Routing number _____	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number _____		
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>	
<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions) . . . . .	<b>24</b>	

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

Direct deposit?  
See instructions.

**Amount You Owe****Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below.  
☐ **No**

(Other than  
paid preparer)

Designee's  
name ▶

Phone  
no. ▶

Personal identification  
number (PIN) ▶

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**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

*Nelson Richard*

Date

Your occupation

*RETIRED*

If the IRS sent you an Identity  
Protection PIN, enter it here

(see inst.)

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Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an  
Identity Protection PIN, enter it here  
(see inst.)

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Phone no. *281-452-1343*

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ 3rd Party Designee  
☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

Firm's EIN ▶